SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

UNLAWFUL DETAINER ANSWER PACKET



FORMS INCLUDED IN THIS PACKET		
Unlawful Detainer Answer Packet Instructions	SDSC Form #CIV-241	
Answer – Unlawful Detainer	Judicial Council Form #UD-105	
Proof of Service by First-Class Mail	Judicial Council Form #POS-030	
Information Sheet on Waiver of Superior Court Fees and Costs	Judicial Council Form #FW-001-INFO	
Request to Waive Court Fees	Judicial Council Form #FW-001	
Order on Court Fee Waiver (Superior Court)	Judicial Council Form #FW-003	
Notice to Court of Improved Financial Situation or Settlement	Judicial Council Form #FW-010	

Court of Co.	SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
Sign of Street	CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 (619) 450-7276
	EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 (619) 456-4100
* * *	EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065 (760) 738-2435
***\	NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 (760) 201-8600
Comme Siete	SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 (619) 746-6200
of San	

UNLAWFUL DETAINER ANSWER PACKET INFORMATION

An Unlawful Detainer is a lawsuit in which a landlord tries to evict a tenant because according to the landlord, the tenant no longer has the right to live on the property. This is also called an eviction. This packet contains the forms that may be used to answer an unlawful detainer matter and a brief description of the steps involved in the process.

<u>Please be advised that court employees may not give legal advice</u>. It is recommended that you seek legal advice or do your own legal research if you are not familiar with this legal process. Additional information is available on the Superior Court's website, <u>www.sdcourt.ca.gov</u>, and the Judicial Council's self-help website, <u>www.courtinfo.ca.gov</u>/selfhelp.

READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT ANY FORMS

KEY TERMS & DEFINITIONS

TERM	DEFINITION
Complaint	The lawsuit filed in the court.
Plaintiff	The party that initiates the lawsuit and files the complaint.
Defendant	The party or person sued in the lawsuit that may respond to the complaint.
Answer	A written pleading filed by the defendant in response to the complaint.
Service	The delivery of copies of legal documents to the opposing party or other person to whom the documents are directed.
Default	Failure of a party to respond to a lawsuit, or to follow proper procedure to prevent entry of a judgment against them.
Judgment	The official decision of the court stating which party won and the terms of the decision.
Writ	A court order authorizing the Sheriff to enforce and satisfy the judgment by levying on real or personal property.

FEES

A fee is required to file an answer or respond to the Unlawful Detainer. To determine the amount of the fee, refer to the current version of the Fee Schedule (SDSC Form #ADM-001), available on the court's website: www.sdcourt.ca.gov.

WHAT IF I CANNOT AFFORD THE COURT FEES? If you think you cannot afford to pay the court fees, refer to the Information Sheet on Waiver of Superior Court Fees and Costs (JC Form #FW-001-INFO), included in this packet. If you feel that you may qualify for a waiver according to the guidelines, complete the Request to Waive Court Fees (JC Form #FW-001) and Order on Court Fee Waiver (JC Form #FW-003), also known as a "fee waiver." Submit the fee waiver with your response to the court.

COMPLETING FORMS

It is recommended that you type or print responses within the forms in black or blue-black ink.

FORM	ACTION
 Answer – Unlawful Detainer 	Complete front and back of the form.
(JC Form #UD-105)	 Multiple defendants may file an answer together;
	however, each person answering must date, sign and
	pay a filing fee, or file their own fee waiver.
	Make two copies of this form.

COMPLETING FORMS, cont.

FORM	ACTION
Proof of Service By First-Class Mail (JC Form #POS-030)	 Have someone over 18 years of age that is not a party to the case, complete this form. The person who signs the form is stating under penalty of perjury that they will mail a copy of the Answer to the plaintiff or the plaintiff's attorney. Make two copies of this form.
Request to Waive Court Fees (JC Form #FW-001) Order on Court Fee Waiver (JC Form #FW-003)	 Complete these forms if you want to apply for a fee waiver and have the court fees waived. Refer to the Information Sheet on Waiver of Court Fees and Costs (JC Form #FW-001-INFO). Each defendant who signs the Answer must pay a filing fee or submit their own fee waiver. Make a copy of each form.

DISTRIBUTING COPIES

What to do with your completed documents:

- Take all of your <u>original</u> documents to the civil business office of the court location marked on your paperwork to be filed.
- Also bring one set of <u>copies</u> with your original documents so the clerk can stamp (conform) them for you to keep for your records.
- Have a copy of the Answer and Proof of Service served on the plaintiff or the plaintiff's attorney. (see below)

SERVICE

Once you have completed the forms, you are required to notify the other side that you intend to answer or respond. This is called service of process, or *serving*, which simply means giving a copy of your answer and proof of service to the plaintiff or plaintiff's attorney, if they have one. You cannot do this yourself, but anyone who is over the age of 18 who is not a party to the case can serve the papers for you. You may also have a registered process server serve these papers, but you should be aware that they charge a fee for this service. The person who serves the plaintiff or the plaintiff's attorney needs to complete a Proof of Service (see above), and give it to you so you can file it with the court.

FILING AT THE COURT

How to file documents with the court:

- Take all of your <u>original</u> documents and copies to the civil business office of the court location marked on your paperwork to be filed.
- Pay the appropriate filing fee for <u>each</u> person that signed the Answer, OR
- File a fee waiver for <u>each</u> person that signed the Answer. The clerk will file stamp your copies and return them to you.

TRIAL NOTIFICATION

Once the trial date has been set, you will be notified by mail. It is your responsibility to keep the court informed of your current address.

Note: If needed, you must bring your own interpreter to court (ADA requirements excluded). The court will not provide this resource for you or your witnesses.

ATTORNEY	OR PARTY WITHOUT ATTORNEY		FOR COURT USE ONLY
NAME	:	STATE BAR NO.:	
FIRM NAME			
ADDRESS			
CITY		STATE: ZIP CODE:	
	DRESS (Optional):	TELEPHONE NO.:	
ATTOR	NEY FOR (Name):	FAX NO. (Optional):	
	RIOR COURT OF CALIFORNIA, COUNTY OF		
	T ADDRESS:		
	G ADDRESS: D ZIP CODE:		
	ANCH NAME:		
PLAIN	TIFF:		
DEFEND	4N1.		
	ANSWER—UNLAWFUL DETA	INER	CASE NUMBER:
1. Defe	ndant (each defendant for whom this answer is filed r s):	must be named and must sign this ans	swer unless his or her attorney
ansv	vers the complaint as follows:		
	ck ONLY ONE of the next two boxes:		
a. [Defendant generally denies each statement of t than \$1,000.)	he complaint. (Do not check this box	if the complaint demands more
b. [Defendant admits that all of the statements of the (1) Defendant claims the following statements or explain below or on form MC-025):	of the complaint are false (state parag	graph numbers from the complaint -025, titled as Attachment 2b(1).
	(2) Defendant has no information or belief that them (state paragraph numbers from the or Explanation is on MC-025, titled as A	omplaint or explain below or on form I	
3. AFFI	RMATIVE DEFENSES (NOTE: For each box check	red. vou must state brief facts to supp	ort it in item 3k (top of page 2).)
а. Г	(nonpayment of rent only) Plaintiff has breached		
b. [(nonpayment of rent only) Defendant made nee	ded repairs and properly deducted the	e cost from the rent, and plaintiff did
с. Г	not give proper credit. (nonpayment of rent only) On (date):	before the notice to p	ay or quit expired, defendant
	offered the rent due but plaintiff would not acce	pt it.	
d. L	Plaintiff waived, changed, or canceled the notic Plaintiff served defendant with the notice to quit		net defendant
e. <u>[</u> f. [By serving defendant with the notice to quit or fi		
-	defendant in violation of the Constitution or the	laws of the United States or California	i.
g. [Plaintiff's demand for possession violates the lo ordinance, and date of passage):	cal rent control or eviction control ordi	nance of (city or county, title of
	(Also, briefly state in item 3k the facts showing	violation of the ordinance.)	
h. [Plaintiff accepted rent from defendant to cover	•	ce to quit expired.
i. [Plaintiff seeks to evict defendant based on acts domestic violence, sexual assault, or stalking. (than 180 days old is required naming you or yo	A temporary restraining order, protect	ive order, or police report not more
iГ	Other affirmative defenses are stated in item 3k		

Page 1 of 2

UD-105 CASE NUMBER: 3. AFFIRMATIVE DEFENSES (cont'd) k. Facts supporting affirmative defenses checked above (identify facts for each item by its letter from page 1 below or on form MC-025): Description of facts is on MC-025, titled as Attachment 3k. 4. OTHER STATEMENTS Defendant vacated the premises on (date): The fair rental value of the premises alleged in the complaint is excessive (explain below or on form MC-025): Explanation is on MC-025, titled as Attachment 4b. Other (specify below or on form MC-025 in attachment): Other statements are on MC-025, titled as Attachment 4c. 5. DEFENDANT REQUESTS a. that plaintiff take nothing requested in the complaint. costs incurred in this proceeding. reasonable attorney fees. C. that plaintiff be ordered to (1) make repairs and correct the conditions that constitute a breach of the warranty to provide habitable premises and (2) reduce the monthly rent to a reasonable rental value until the conditions are corrected. Other (specify below or on form MC-025): All other requests are stated on MC-025, titled as Attachment 5e. Number of pages attached: _ UNLAWFUL DETAINER ASSISTANT (Bus. & Prof. Code §§ 6400—6415) (Must be completed in all cases.) An unlawful detainer assistant did not did for compensation give advice or assistance with this form. (If defendant has received any help or advice for pay from an unlawful detainer assistant, state: b. Telephone No.: a. Assistant's name: Street address, city, and zip code: e. Registration No.: f. Expires on (date): County of registration: (Each defendant for whom this answer is filed must be named in item 1 and must sign this answer unless his or her attorney signs.) (SIGNATURE OF DEFENDANT OR ATTORNEY) (TYPE OR PRINT NAME) (TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT OR ATTORNEY) **VERIFICATION** (Use a different verification form if the verification is by an attorney or for a corporation or partnership.) I am the defendant in this proceeding and have read this answer. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DEFENDANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
	CASE NUMBER:
PROOF OF SERVICE BY FIRST-CLASS MAIL—CIVIL	
(Do not use this Proof of Service to show service of a Summons a	and Complaint.)
1. I am over 18 years of age and not a party to this action. I am a resident of or employed took place.	d in the county where the mailing
2. My residence or business address is:	
3. On (date): I mailed from (city and state): the following documents (specify):	
The documents are listed in the Attachment to Proof of Service by First-Class Mai (form POS-030(D)).	l—Civil (Documents Served)
 I served the documents by enclosing them in an envelope and (check one): a depositing the sealed envelope with the United States Postal Service with the b placing the envelope for collection and mailing following our ordinary business business's practice for collecting and processing correspondence for mailing. On placed for collection and mailing, it is deposited in the ordinary course of business. 	practices. I am readily familiar with this on the same day that correspondence is
a sealed envelope with postage fully prepaid.	
5. The envelope was addressed and mailed as follows:	
a. Name of person served:	
b. Address of person served:	
The name and address of each person to whom I mailed the documents is listed in	n the Attachment to Proof of Service
by First-Class Mail—Civil (Persons Served) (POS-030(P)). I declare under penalty of perjury under the laws of the State of California that the foregoing	is true and correct
	is true and correct.
Date:	
(TYDE OP DRINT NAME OF DEDSON COMDITETING THIS FORM) (SIGNATI	IDE OF DEDSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY FIRST-CLASS MAIL—CIVIL

(This information sheet is not part of the Proof of Service and does not need to be copied, served, or filed.)

NOTE: This form should **not** be used for proof of service of a summons and complaint. For that purpose, use *Proof of Service of Summons* (form POS-010).

Use these instructions to complete the *Proof of Service by First-Class Mail—Civil* (form POS-030).

A person over 18 years of age must serve the documents. There are two main ways to serve documents:

(1) by personal delivery and (2) by mail. Certain documents must be personally served. You must determine whether personal service is required for a document. Use the *Proof of Personal Service—Civil* (form POS-020) if the documents were personally served.

The person who served the documents by mail must complete a proof of service form for the documents served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVED THE DOCUMENTS

The proof of service should be printed or typed. If you have Internet access, a fillable version of the Proof of Service form is available at www.courtinfo.ca.gov/forms.

Complete the top section of the proof of service form as follows:

<u>First box, left side</u>: In this box print the name, address, and telephone number of the person *for* whom you served the documents.

<u>Second box, left side</u>: Print the name of the county in which the legal action is filed and the court's address in this box. The address for the court should be the same as on the documents that you served.

<u>Third box, left side</u>: Print the names of the Petitioner/Plaintiff and Respondent/Defendant in this box. Use the same names as are on the documents that you served.

First box, top of form, right side: Leave this box blank for the court's use.

<u>Second box, right side</u>: Print the case number in this box. The case number should be the same as the case number on the documents that you served.

Complete items 1-5 as follows:

- 1. You are stating that you are over the age of 18 and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
- 2. Print your home or business address.
- 3. Provide the date and place of the mailing and list the name of each document that you mailed. If you need more space to list the documents, check the box in item 3, complete the *Attachment to Proof of Service by First-Class Mail—Civil (Documents Served)* (form POS-030(D)), and attach it to form POS-030.
- 4. For item 4:

Check box a if you personally put the documents in the regular U.S. mail.

Check box b if you put the documents in the mail at your place of business.

5. Provide the name and address of each person to whom you mailed the documents. If you mailed the documents to more than one person, check the box in item 5, complete the *Attachment to Proof of Service by First-Class Mail—Civil (Persons Served)* (form POS-030(P)), and attach it to form POS-030.

At the bottom, fill in the date on which you signed the form, print your name, and sign the form. By signing, you are stating under penalty of perjury that all the information you have provided on form POS-030 is true and correct.

INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may ask the court to waive all or part of your court fees.

- 1. To make a request to the court to waive your fees in superior court, complete the Request to Waive Court Fees (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
 - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
 - Making and certifying copies
 - Sheriff's fee to give notice
 - Court fees for telephone hearings
- Giving notice and certificates
- Sending papers to another court department
- Having a court-appointed interpreter in small claims court
- Reporter's daily fee (for up to 60 days after the grant of the fee waiver, at the court-approved daily rate) • Preparing, certifying, copying, and sending the clerk's transcript on appeal.
- 2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a Request to Waive Additional Court Fees (Superior Court) (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
 - Jury fees and expenses
 - Fees for court-appointed experts
 - Reporter's daily fees (beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate)
- Fees for a peace officer to testify in court
- Court-appointed interpreter fees for a witness
- Other necessary court fees
- 3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division (form APP-015/FW-015-INFO).

IMPORTANT INFORMATION!

- You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.
- The court may ask you for information and evidence. You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- If you receive a fee waiver, you must tell the court if there is a change in your finances. You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to* Court of Improved Financial Situation or Settlement (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.
- If you receive a judgment or support order in a family law matter: You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- If you win your case in the trial court: In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).)
- If you settle your civil case for \$10,000 or more: Any trial court waived fees and costs must first be paid to the court out of the settlement. The court will have a lien on the settlement in the amount of the waived fees and costs. The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- The court can collect fees and costs due to the court. If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- The fee waiver ends. The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.
- If you are in jail or state prison: Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.

FW-00	FW-001 Request to Waive Court Fees					CONFIDENTIAL		
If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if: • You cannot give the court proof of your eligibility, • Your financial situation improves during this case, or • You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived					Fill in court name an	date here when form is filed. In the street address:		
		ourt may also ch I (<i>person askin</i> g						
		dress:				Fill in case number	and name:	
				Zip:		Case Number:		
	· · · · · · · · · · · · · · · · · · ·							
\sim		nave one (job tit				Case Name:		
\sim	yer's address	:						
(3) Your I	awyer, if yo	ou have one (na	me, firm or a	ffiliation, addre	ess, phone n	umber, and Stat	e Bar number):	
If you hear hear Su Su Su Ap	court lawyer is ring to explant court's fee uperior Court preme Court preme Court preme you ask I receive (che Assistance for My gross mo	in why you are a s or costs are t (See Informati t, Court of Apport Fees and Cost ing the court eck all that apport IHSS (In-Ho or Needy Famili	egal-aid type asking the cone you asking the cone you asking for Sheet on Weal, or Appellets (form APP to waive you ly): Mediane Supportivities) CAP dincome (betal	services based art to waive the g to be waive Vaiver of Super ate Division of 2-015/FW-015-Dur court feed 1-Cal Food we Services) I (Cash Assistatore deductions	e fees. ed? rior Court F Superior Co INFO).) s? Stamps CalWORK nce Progran for taxes) is	Sees and Costs (fourt (See Inform SSI SSP SSP SS or Tribal TAI In for Aged, Blin	ay have to go to a form FW-001-INFO).) nation Sheet on Waiver of County Relief/General NF (Tribal Temporary ad and Disabled) mount listed below.	
	Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	. If more than 6 people	
	1	\$1,163.55	3	\$1,988.55	5	\$2,813.55	at home, add \$412.50	
	2	\$1,576.05	4	\$2,401.05	6	\$3,226.05	for each extra person.	
	(check one):	☐ waive all co	ourt fees	waive some of	the court fee	es 🗆 let me m	ees. I ask the court to ake payments over time u must fill out page 2.)	
(6) □ C	heck here if	you asked the co	ourt to waive	your court fees	for this cas	e in the last six	months.	
I declare un on this form	nder penalty n and all att	-	der the laws ue and corre	of the State of		nis form and che that the inforn	cck here: []) nation I have provided	
				•				
Print	your name he	ere		Si	gn here			

	Case Numb	er:	
Your name:			
If you checked 5a on page 1, do not fill out below. If you chec you must fill out this entire page. If you need more space, att Financial Information and your name and case number at th	tach form MC-025 or attach a sh		
Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12	Your Money and Property		\$
months. 8 Your Monthly Income	b. All financial accounts (List ba	nk name and amoui	
a. Gross monthly income (before deductions): List each payroll deduction and amount below:	(2)		\$
(1)\$	(3)		\$ \$
(2) \$ \$ \$			Ť
(4)	c. Cars, boats, and other vehicle Make / Year	Fair Market	How Much Yo Still Owe
b. Total deductions (add 8a (1)-(4) above): \$ C. Total monthly take-home pay (8a minus 8b): \$	(1)(2)(3)	\$	\$
d. List the source and amount of <u>any</u> other income you get each month, including: spousal/child support, retirement, social	(3)	\$	\$
security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income,	d. Real estate Address	Fair Market Value	How Much You Still Owe
reimbursement for job-related expenses, gambling or lottery	(1)(2)		\$
winnings, etc. (1) \$	(2)(3)	\$	\$
· ·	e. Other personal property (jewe	·	
(2)	stocks, bonds, etc.):	Fair Market	How Much You
	Describe (1)	Value \$	Still Owe \$
e. Your total monthly income is (8c plus 8d): \$	(1) (2) (3)	\$	\$
9 Household Income	(3)	\$	\$
a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support. Gross Monthly	Your Monthly Expenses (Do not include payroll deductions you a. Rent or house payment & r b. Food and household suppl	ou already listed in 8b.) maintenance	\$ \$
Name Age Relationship Income (1)	c. Utilities and telephone		\$
(1)	d. Clothinge. Laundry and cleaning		\$
(3)	f. Medical and dental expens		\$
(4) \$	g. Insurance (life, health, accih. School, child care	ident, etc.)	\$
b. Total monthly income of persons above: \$	 Child, spousal support (and 		\$
Total monthly income and household income (8e plus 9b): \$	j. Transportation, gas, auto rk. Installment payments (list ePaid to:		
	(1)		\$
To list any other facts you want the court to know, such as	(2)(3)		\$
unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write	I. Wages/earnings withheld b	y court order	\$
Financial Information and your name and case number at the top. Check here if you attach another page.	m. Any other monthly expense Paid to:	es (list each below).	How Much?
Important! If your financial situation or ability to pay	(1)(2)		\$
court fees improves, you must notify the court within five days on form FW-010.	(3)		\$

Total monthly expenses (add 11a –11m above): \$

FW-003 Order on Court Fee Waiver (Superior Court)	Clerk stamps date here when form is filed.
Person who asked the court to waive court fees: Name:	
Street or mailing address:	
City: State: Zip:	
2 Lawyer, if person in 1 has one (name, address, phone e-mail, and State Bar number):	
	Fill in court name and street address:
	Superior Court of California, County of
A request to waive court fees was filed on (date):	
☐ The court made a previous fee waiver order in this case	
on (date):	Fill in case number and case name:
	Case Number:
Read this form carefully. All checked boxes $oxtimes$ are court orde	Case Name:
4 After reviewing your (check one): Request to Waive Cour the court makes the following orders:	t Fees Request to Waive Additional Court Fees
a. The court grants your request, as follows:	
(1) Fee Waiver. The court grants your request and waives <i>Court, rule 3.55.</i>) You do not have to pay the court fees	
• Filing papers in Superior Court	Giving notice and certificates
Making copies and certifying copiesSheriff 's fee to give notice	Sending papers to another court departmentCourt-appointed interpreter in small claims court
 Reporter's daily fee (for up to 60 days following the feether) Preparing and certifying the clerk's transcript on appears 	ee waiver order at the court-approved daily rate)
(2) Additional Fee Waiver. The court grants your request costs that are checked below. (Cal. Rules of Court, rule)	•
*	Fees for a peace officer to testify in court
☐ Fees for court-appointed experts ☐	Court-appointed interpreter fees for a witness
☐ Reporter's daily fees (beyond the 60-day period follo	
(3) Fee Waiver for Appeal. The court grants your request	
appeal. (Cal. Rules of Court, rules 3.55, 3.56, 8.26, and	· · · · · · · · · · · · · · · · · · ·
Preparing and certifying clerk's transcript for appeal	- •
Other (specify):	

		Case Number:
our name:		_
b. The court denies your request	t, as follows:	
	lline below, the court cannot process your re uest. If the papers were a notice of appeal, t	
this order (see date below)Pay your fees and cost		
		ded on the request shows that you are not
FW-006. You have 10 da • Pay your fees and cost	ys after the clerk gives notice of this orders, or	Fee Waiver Order (Superior Court), form der (see date below) to: 1. (Use form FW-006 to request hearing.)
	tion to decide whether to grant your req out (specify questions regarding eligibil	uest. You must go to court on the date ity):
☐ Bring the following proo	of to support your request if reasonably	available:
Hearing Date:	m'	address of court if different from page 1:
Date Dept.:		
waive court fees, and you will hat the court papers you filed with you	nd you do not go to court on your hearing da ave 10 days to pay your fees. If you miss tha our request. If the papers were a notice of ap	t deadline, the court cannot process
Date:	Signature of (check one): \Box .	Judicial Officer
language interpreter services	ons. Assistive listening systems, comput are available if you ask at least 5 days be amodation, Form MC-410. (Civil Code,	pefore your hearing. Contact the clerk's
certify that I am not involved in this c	Clerk's Certificate of Service	
•	party and attorney, if any, listed in 1 a	e of mailing is attached. (2) , at the court, on the date below.
_ ·		any, at the addresses listed in 1 and 2,
Onto:	Clerk by	Deputy

This is a Court Order.

FW-010 Notice to Court of Ir Financial Situation	proved CONFIDENTIAL
1 Your Information (person with a fee waiver): Name: Street or mailing address: State: State: State: State: Phone number: Your lawyer, if you have one (name, address, p and State Bar number: State Sta	Zip:
	Fill out court name and street address:
	Superior Court of California, County of
Date of your last court fee waiver order in this ca (date)	
	Fill out case number and case name:
	Case Number:
	Case Name:
fees. If this happens and you do not pay, the court can there is a change in your financial circumstances durin must notify the trial court within five days. (Use form	bout your finances and later order you to pay back the waived make you pay the fees and also charge you collection fees. If g this case that increases your ability to pay fees and costs, you FW-010.) If you win your case, the trial court may order the other 1,000 or more, the trial court will have a lien on the settlement in dismiss the case until the lien is paid.
ability to pay fees. I ask the court to do one of t	situation has improved and I am able to pay my court fees and
b. Review my updated financial informatio eligible for a fee waiver. (Complete form	in the attached <i>Request to Waive Court Fees</i> . I believe I am still <i>FW-001 and attach to this form.</i>)
5 ☐ My case has settled for <i>(check one)</i> ☐ less that a. I <i>(check one)</i> ☐ have ☐ have not rect b. The name and address of the party who has	•
I declare under penalty of perjury under the laws of and correct. Date:	f the State of California that the information above is true
Deint consequent land	C: I
Print your name here	Sign here